

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) R4C16			FEC IDENTIFICATION NUMBER ▼ C C00625509		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee Talbot Digital			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">27</div><div style="border: 1px solid black; padding: 2px;">2016</div></div>		
Mailing Address 641 S. St., NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500000.00</div>		
City Washington		State DC	Zip Code 20001		Transaction ID : SE.4413
Purpose of Expenditure Ad Buy		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">10</div><div style="border: 1px solid black; padding: 2px;">27</div><div style="border: 1px solid black; padding: 2px;">2016</div></div>	
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">553065.10</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
City		State	Zip Code		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"></div>			
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">500000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">500000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Stubbs, John, ,

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

10

28

2016